

To: Maj. Gen (Retd.) Dr. Kharb, Chairman of AWBI

(regd.post – Jan/2012)

Sub: Some comments and suggestions regarding the standard operating protocols for ABC-programs by AWBI

Dr. Ilona Otter, DVM – Clinical Director – WVS India - International Training Center – www.wvsitc.org

Animal Welfare Board of India has taken a great step forward in writing and publishing the SOP for ABC-programs which certainly is helping many ABC-charities to develop their protocols and troubleshoot when ever high complication rate has been a problem.

Being an excellent guide for ABC-charities without experienced veterinarians in the organisation management, the AWBI SOP does not, however, substitute updated edited veterinary surgery textbooks with regard to the surgical and clinical standards described. Having this limitation, the SOP should be considered as a guide or as the minimum standard to be used along with updated information regarding veterinary surgery and allowance for ABC-programs to implement higher surgical standards than in the SOP should be clearly stated.

The following are three main points of the SOP were I would like to kindly draw Your attention to enable further development of the SOP. We should not forget the importance of continuous professional development and fail to think that what we know today will be true forever, but to encourage constant updating of our knowledge and SOPs and to always thrive for better.

1. Responsible use of antibiotics in routine spay/neuter surgeries

Prophylactic IV-injection of a suitable antibiotic is fundamentally important in good quality surgery. The amount has to be calculated as per the weight of the dog and given IV about 15-20 minutes before the surgery starts to ensure adequate concentration of antibiotic in the tissues at the time of surgery to prevent bacteria accumulation to the wound site. Bacterial contamination of a spay/neuter wound happens at the time of surgery due to poor attention to asepsis, NOT in the kennels etc. after the surgery. Unhygienic kennel conditions may well make matters worse but the source of surgical wound infection is in the surgery itself.

Amoxicillin-clavulanic acid or amoxicillin-cloxacillin are good available options for IV antibiotics to be used in ABC programs and there is very little if any need to routinely use any other kind of antibiotic. The global hazard of antibiotic resistant bacteria that threatens public and animal health worldwide should not be forgotten and responsible use of antibiotics also in ABC programs need to be enforced by SOPs.

IM- injection of penicillin can be given also prior to the surgery to provide antibacterial protection for little longer than the effect of the IV-amoxicillin lasts.

There should be no need to give postoperative / therapeutic antibiotic courses after spay/neuter surgeries because spay/neuter is classified as clean surgery where we don't enter or touch any infected/contaminated tissues. Routine need for postoperative antibiotic courses indicates faults in the protocol and these problems should identified and corrected to prevent postoperative infections in the future. Use of antibiotics does not justify ignoring aseptic principles.

2. Suture material selection in spay/neuter surgeries

There are several characteristics of catgut that make it unsuitable for use in suturing wounds.

- reduces 33% of the strength at 7 days
 - knot security if the material is wet is poor and fair if the material is dry
 - tissue reaction is severe
- ➔ These are all factors that can, especially when combined with bacterial contamination, delay wound healing greatly and result in suture breakup

There are several alternatives for suturing the spay/neuter wound. The main requirement is that the material need to be absorbable.

I. Vicryl (polyglactin 910)

- Reduces 35% of its strength at 14 days
 - Is completely absorbed at 60 days
 - Knot security is good
 - Tissue reaction is mild.
- ➔ The superiority of Vicryl over catgut is clear

II. Dexon / Truglyde (polyglycolic acid) is easily available in India and when ordered from wholesalers the price comes down to Rs. 95/90cm piece with needle. This is affordable within the ABC-program context. Other characteristics are:

- absorbable and multifilament material
- reduces 35% of its tensile strength at 14 days
- the complete absorption takes 60-90 days
- knot security is good and tissue reaction mild.

III. PDS (polydioxane) is available in India but more expensive as the two previous options.

- reduces 14% of its tensile strength at 14 days
- complete absorption takes 180 days
- knot security is good
- tissue reaction mild

The SOP recommends Nylon for suturing skin but being NON-absorbable material it is NOT suitable for intradermal suturing. **Use of intradermal, absorbable sutures - such as polyglycolic acid (e.g. Truglyde) in suturing skin is highly recommended whether operating ownerless or owned dogs and this should be**

demanded in the SOPs for ABC –programs. When using intradermal sutures there is no external suture material and therefore no need to keep the ownerless dogs in just for the suture removal. Also, the use of intradermal sutures means that there is less irritation on the skin for the dog to start licking and therefore the wound healing is faster and less complicated.

3. Post-operative care after routine spay/neuter surgeries

Spay/neuter surgery is an elective, routine surgical operation where, in most of the cases, there are no medical reasons for post-operative hospitalisation after an uncomplicated surgery of a normally healthy appearing animal. Discharging all owned dogs after they have recovered from the anesthesia, on the same day as the spay/neuter operation, is a well-established practice followed by most veterinarians around the world.

Ownerless dogs should be kept in at least one day (24-36hours) post operatively to allow them to fully recover from anesthesia and to enable wound scoring. **Most dogs should score '0' every day and be ready to be released after 1-4 days after surgery.** Those who suffer from additional problems (e.g. TVT, mange, broken limbs, traumatic wounds) obviously require much longer hospitalisation. The most important matter is that there should not be a set & standard number of days as a post-operative kennelling requirement but **the surgical standards need to be kept so high that complications are avoided and dogs can be released as soon as possible** – the dogs are checked daily by veterinarians who make the decision about release as per the wound scoring results and the other health matters of the animal as well as per the presence/absence of an owner in the community.

The current belief, partly enforced by the SOP, that **all** dogs need to be hospitalised routinely for 5-7 days after sterilisation **takes the focus away from the fact that there is no medical reason for hospitalisation after spay/neuter operation as a routine practice but being the easiest factor in the full process to understand and record by non-veterinarians, it is often the focus of fingerpointing, disbelief and doubt, leaving other essential matters of the SOP and good surgical principles for much less attention.**

If a mass-ABC program operates 20 dogs a day and keeps every dog for 5 days, it means that on any given day there would be at least 100 dogs in the kennels. These need to be checked daily, fed properly, kennels cleaned every two hours to keep them hygienic, and dogs released correctly in the original place of capture. With the

current, very limited funds available for the ABC work in India, it is unrealistic to assume that there would be facilities for all this in every district of the country. No veterinary doctor can stay motivated to check wounds of 100 dogs every day so they simply leave these duties to the kennel staff – thus completely nullifying the reason – “to be under veterinary care in case of complications” - the dogs are hospitalised.

At ITC (WVS India and IPAN) we do **not** support or practice the so-called CNVR method if by CNVR one means catching dogs and operating them then and there itself on the roadsides and then releasing immediately after surgery to the roads.

However, it has been well established that especially in the rural India, in small towns, slums and outskirts of cities – there is a big population of family-owned dogs that are allowed by their owners to roam free at least part of the day. This creates easy opportunities for production of unwanted puppies unless these dogs are operated. The owners of these dogs generally belong to the poorer classes of the society and can not afford high fees of private veterinarians to sterilise their pets. High volume & low cost ABC-work combined with educational programs is crucial in these areas that otherwise ultimately supply the big metros with more and more dogs. Since these dogs have owners, they could be discharged from the ABC-center/veterinary hospital relatively fast, improving the efficacy of the program since kennel space would not be the limiting factor. Veterinarians working in rural areas (whether associated with ABC-charities or not) need to be trained and encouraged to perform good quality surgery to sterilise these dogs.

3.1. Post-operative wound healing at ITC

All dogs that have been operated at ITC surgery programs are evaluated every morning by veterinarians. Besides of their general appearance, the surgical wound is assessed using a scoring system on scale 0-5 (see below the explanation). It is clear from these results (sample of dogs selected randomly from 1400 dogs operated since inauguration of ITC) that non-complicated surgery is possible and proper surgical techniques enabling uncomplicated recovery should be increasingly encouraged and demanded as a standard for the benefit and welfare of the dogs.

While ITC is a training center, our method of operation is still of ‘field surgery’ - there is nothing extraordinary fancy or expensive equipment or materials that we use that would be out of reach of the vets and ABC programs in India. All our participants have acknowledged this fact.

Some comments and suggestions regarding the standard operating protocols for ABC-programs – Ilona Otter, DVM – ilona@wvs.org.uk

**Random sample of
the postoperative
wound healing
scores at ITC**

DAY 1 post oper

97.5% of dogs score 0 or 1 (wound healing without problems, no intervention needed)

2.5% dogs scoring 2 (swelling/ discharge --> intervention required)

0% dogs scoring 3 (partial wound opening)

0% dogs scoring 4 (complete wound opening)

0% dogs scoring 5 (dead)

DAY 2 post oper

100% of dogs score 0 or 1 (wound healing without problems, no intervention needed)

95.8% scoring 0 (absolutely perfectly healing wound)

4.2% scoring 1 (mild redness on the wound edges)

DAY 3 post oper

100% of dogs score 0 or 1 (see above)

97.6% scoring 0

2.4 % scoring 1

ITC wound scoring scale

0 perfectly healing wound, no problem, no intervention needed

1 mild redness on the wound edges, no intervention needed

2 swelling, discharge, intervention needed & no release

3 partial wound opening, intervention needed & no release

4 complete wound opening intervention needed & no release

5 dead with complete wound opening --> careful assessment of the protocols

In conclusion

While I fully understand that there are many fake players and dishonest people in the field of ABC-work in India and strict measures need to be in place to take action against them **I would also like to express my trust to the skills, abilities and willingness of the veterinarians in India to perform good quality surgery if just given the proper training and the chance to use proper medicine and materials for the operations.** During the past year I have had the privilege to work with over hundred enthusiastic young veterinarians, teaching them in basic surgery. All of them have learnt and understood the principles of good quality surgery and been excited about their new confidence in doing surgery without postoperative complications.

Many of them have also acknowledged that before coming to the ITC training course they did not take asepsis seriously or they did not know that surgery can be done in such a professional way even in simple facilities.

I would like to ask AWBI to positively encourage its member NGOs as well as individual veterinarians to practice higher standards, which are not at all difficult or impossible to follow and to believe that there are veterinarians who are able to spay/neuter without routine complications. However, many more vets like that are needed to work in different employment sectors to spay dogs and hopefully through the many ABC-surgery training programs that there are at the moment (WVS ITC, VBB, HIS), the general awareness regarding appropriate surgical standards will increase and what is most important, more and more unwanted puppies and rabies cases are prevented.

Also, with so many high quality surgery training programs available in India at the moment and with all the good quality surgical materials and medicine available, AWBI should not anymore accept ABC programs to perform substandard operations which would then justify the demand to keep all dogs hospitalised for many days post operatively. Optimal veterinary surgical skills (asepsis!), good surgical equipment and material should be equally possible to demand as a standard than building of large kennel facilities and employing enough kennel staff. There should be no excuses for performing substandard surgeries when we are working for the interest of the animals but the surgery quality has to be high whether the animals are kept 1-7 days, 2 weeks or forever.

I have received enquiries from senior private veterinarians regarding the AWBI ABC SOP and the requirement for postoperative hospitalisation of dogs after spay/neuter. It seems they are concerned about the discouragement that the SOP gives to veterinarians who would be interested in implementing ABC work in small way but who don't have facilities for such long hospitalisation. The rural India is full of villages and small towns where family –owned dogs roam free and produce unwanted puppies unless they are operated. Demand for vets who are able to operate these dogs is huge and vets should be encouraged to do surgery (good quality HAS to be a norm!!!) rather than be discouraged with threats.

It is also in these small towns (e.g. Dharapuram, Thruppur, Salem), out of the reach of big ABC –charity programs where people are really getting agitated because of the increase in the dog population and because of the recent reports of human rabies deaths. With the law preventing killing of stray dogs there has to be a realistic solution at hand if we are to control rabies in India and ensure welfare of the dogs in a sustainable manner.

I don't accept nor recommend same day release for ownerless dogs but I think that it is high time to start demanding higher surgical standards (especially in asepsis) in all ABC programs regardless of the number of days the dogs are kept in kennels and to understand that if postoperative care is routinely required because complications are common then something should be done to prevent them. If complications are common then there are mistakes in the protocol followed and that should be

changed. I'll be happy to share some photos of the healing wounds with You and all people interested to discuss the matter further. Or even better, I would like to invite You and any other members of AWBI to attend fully one of our training courses to see the protocols we use and to observe the wound healing post operatively.

Sincerely,

Ilona Otter, DVM

Copy to:

Secretary AWBI (regd.post)

Dr. Chinny Krishna, Vice-Chairman of AWBI (email)

Dr. Luke Gamble, Chief Executive of Worldwide Veterinary Service (email)

Nigel Otter, Chairman of WVS India (email)

FIAPO-governing board (email)